

Date: July 21, 2008

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In re application of: **Benjamin Oshlack, et al.**  
Application No.: 10/700,906  
Filed: November 4, 2003  
For: **TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS**

S i r:

Transmitted herewith is an **AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY (1 page)** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
☐ No fee for additional claims is required.  
☐ A filing fee for additional claims calculated as shown below, is required:

(Col. 1)		(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
FOR:	REMAINING	HIGHEST	PRESENT	RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY	EXTRA					
	AMENDMENT	PAID FOR						
TOTAL CLAIMS	16	Minus 20	=	0			x \$ 18	\$0
INDEP. CLAIMS	2	Minus 3	=	0			x \$ 88	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM							+ \$300	\$0

TOTAL: \$                      OR                      TOTAL: \$0.00

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Also transmitted herewith are:

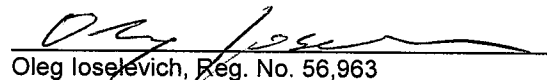
- ☐ Petition for two (2) months extension under 37 C.F.R. 1.136  
☐ Other:

☐ Check(s) in the amount of \$ 0.00 is/are attached to cover:

- ☐ Filing fee for additional claims under 37 C.F.R. 1.16  
☐ Petition fee for two (2) months extension under 37 C.F.R. 1.136  
☐ Other:

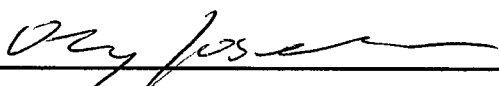
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

- ☐ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.  
☒ Any patent application processing fees under 37 C.F.R. 1.17.  
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

  
Oleg Ioselevich, Reg. No. 56,963  
DAVIDSON, DAVIDSON & KAPPEL, LLC  
485 Seventh Avenue, 14<sup>th</sup> Floor  
New York, New York 10018  
Tel: (212) 736-1940  
Fax: (212) 736-2427

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:					
Oshlack et al.					
Application No.	10/700,906				
Filed:	November 4, 2003				
Title:	TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS				
Attorney Docket No.	200.1133CON 5				
Art Unit:	1618				
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. (Note: pursuant to 37 CFR 10.57(c), a practitioner cannot authorize other registered practitioners to conduct interviews without consent of the client after full disclosure.) Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 40%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td>Phillip C. Strassburger</td> <td>34,258</td> </tr> </tbody> </table>		Name	Registration Number	Phillip C. Strassburger	34,258
Name	Registration Number				
Phillip C. Strassburger	34,258				
<p><b>This is not a Power of Attorney to the above-named practitioner.</b> Accordingly, the practitioner named above does <b>not</b> have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>					
<b>SIGNATURE of Practitioner of Record</b>					
Signature					
Date	July 21, 2008				
Name	Oleg Ioselevich				
Registration No., if applicable	56,963				
Telephone	(212) 736-1940				

This collection of information is required by 1.31, 1.32 and 1.34. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.